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ABSTRACT

A program was developed to provide single parents who were without marketable skills with the training or retraining necessary to secure and keep a job in the health care field. During the course of the project, 31 trainees between the ages of 21 and 60 who were living below the poverty level were recruited into the program. They received classroom instruction and participated in a two-week practicum at a health care institution under the supervision of a registered nurse. Twenty-eight of the 31 students recruited into the program completed it and were placed into health care jobs. Despite attempts to recruit comparable numbers of males and females, only two males entered the program (one of whom dropped out after the third week). Because of their participation in the program, the program completers managed to secure jobs netting them more income than they could have received on welfare. The program will be continued for another year, at which time additional emphasis will be placed on recruiting increased numbers of males. (The 10-page project report is followed by a course outline for home health aides, a sample school/hospital cooperative agreement, a participant intake form, and information on eligibility for state assistance programs.) (MN)

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FINAL REPORT

ADULT TRAINING AND RETRAINING FOR SINGLE PARENTS AND HOMEMAKERS

GRANT NUMBER 270-15170-7-3D05

FROM SEPTEMBER 1986 THROUGH JUNE 1987

A Vocational Project to assist single parents and homemakers to pursue careers as nursing assistants

JAMES K. AUSTIN, Ed.D., SUPERINTENDENT
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PREFACE

The Adult Training and Retraining grant for single parents and homemakers was initially implemented in January of 1986 and ended on June 12, 1987. The cooperative efforts of all participants, instructors, staff and the Directors of Nursing at the health care facilities in Hernando County are especially appreciated. Special thanks are expressed to the Division of Health and Rehabilitative Services and the Job Training Assistance Program which assisted in referrals and financial aid to supplement our budget.

Were it not for the following health care agencies, the Director of VACE and the instructor of the program, our success would not have been as great. Twenty eight recipients of grant funding would not have been placed into a career at one of the following facilities and 34 small children would not have had the advantage of having at least one parent with certified skills to obtain respectable job placement.

Our sincere thanks to:

Lykes Memorial Hospital
Oak Hill Hospital
Brooksville Nursing Manor
Evergreen Woods Retirement Center
Eastbrooke Health Care Center
Community Home Health Care
Upjohn Health Care Services
Gulf Home Health Care

Our special thanks are also expressed to the District School Board of Hernando County for providing the opportunity for single parents in Hernando County to develop their skills, to achieve a goal and to assist in the betterment of their quality of life.

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ABSTRACT

This project was designed to meet the needs of single parents who were without saleable skills and had the responsibility of raising one or more children without adequate income, support or training. Carl B. Perkins funds were requested and received for the second year.

The grant was implemented in mid September of 1986 with the cooperation of Health and Rehabilitative Services and the Job Training Program under the auspices of the School Board of Hernando County, Vocational Division.

The objectives of this project were primarily focused upon retraining single parents who needed to obtain saleable skills and become self-actualizing in order to support their families and to develop security, independence and self-sufficiency, factors which were crucial to the rehabilitation of each of the participants.

The hypothesis was essentially that each of the participants would be able to be placed into higher paying jobs than they could receive through the welfare rolls and that the future of the children, as well as the clients themselves, would be enhanced through the training of the parent.

The positive reinforcement of job placement was evident during the practicum in the health care services in which clients spent two weeks at each of the health care institutions under supervision of the registered nurse who instructed the program.

The methods for recruitment were by recommendations of HRS and JTPA, relaying by word of mouth and advertising, through the news media, that these training programs were available for single parents and homemakers.

The results obtained were better than expected. There are positive factors in that all 28 trainees have successfully been placed. All participants were below poverty level, eager to find placement in the health care field and between the ages of 21 to 60. All had one or more children with one exception.

The clients of this training were all females with one male completer. In an attempt to recruit males in the health care support field, we were unable to succeed. More attempts to coordinate sex equity into single parent programs will be made as we proceed into the future. Male applicants numbered two for the two semesters but one withdrew before the program was into the third week of operation.

The practicum in this course allowed the trainees to determine whether or not the career choice was suitable for their emotional and physical makeup.

The program was promptly started because of the mandated hours in classroom study and in the practicum. Course enrollment was coordinated with the beginning dates of the two semesters in the Hernando County School System.

Grant funds supplied travel monies from home to class or to the health care facility and return. Purchase orders were issued to the participants for the purchase of uniforms, shoes, stethoscopes, watches, books, liability insurance, notebooks and paper.

In two semesters we qualified 31 students, but the routine of household commitments, family, study and generally the idea of rigid hourly demands were too restricive for three students, two black females one white male, who dropped out of courses of study.

Recruitment for next year is geared with sex equity and job placement as essential targets in conducting our grant affairs as it has been in the past.

Since grant funds are limited, summer school funding is not available for the middle of June through the middle of August.

INTRODUCTION

ADULT TRAINING AND RETRAINING OF SINGLE PARENTS OF HOMEMAKERS

The purpose of the implementation of this grant in Hernando County was essentially warranted and planned for the financial, social and voactional readjustment of single parents and/or homemakers who sustained traumatic conditions in recovery from divorce, teen pregnancies or other circumstances. The finalized proposal was initiated in January of 1986 with the intention of assisting and placing at least twenty single adults into training and skill development for entry into new careers.

Recruitment methods used were basically those of cooperation with Job Training Program Assistance, as well as Health and Rehabilitative Services who substantiated the qualifying of AFDC and Welfare clients. People receiving food stamps were also eligible for referral. Newspapers and local radio made appreciable strides in recruitment.

The courses offered were limited because placement into jobs was minimal in many career areas and instructors were not available in all areas. The Health field offers many opportunities; therefore, the incidence of enrollment in this area was greater than expected. Expected future recruitment will be even greater since many successful clients are out in the local community working with dignity.

Since the inception of this grant, the lifestyle of 33 people has changed considerably and job placement has become a reality for them. There is a crucial need to continue the program.

The problems encountered in recruitment and in the area of training and job placement were minimal in number. The three drop-outs were a phenomenal loss to the reputation of the program, but upon further study of the unpredictability of those three students with their enormous responsibilities in the home, the inability to be goal-oriented and the economic and social problems they encountered in their daily lives, it was evident they would drop out. In terms of dollars and cents, this was a minimal loss, but there is the fact that others who would have completed the program were denied the two hundred and forty-five dollars which was spent on the three dropouts for books, workbooks, fees and liability insurance.

THE PROCESS

After recruitment and coordination with JTPA and HRS, each candidate for the nursing assisting program is interviewed for qualifying for the financial assistance needed to enroll in the program to purchase uniforms and an internal (supplies) file including intake and photocopies of appropriate documents such as driver's license, social security card, AFDC, HRS or JTPA referrals are inserted in each file. The client is made aware of the structure of the course. The requirements for successful completion and the rules and regulations for successfully being placed after certification are clearly defined.

The course consists of laboratory sessions and the practicum. Nine weeks of each segment is generally undertaken. Every client must pass all phases of the course with 70% accuracy. Clients having severe academic disabilities are placed into a program entitled G.E.D. prep. Many not only improve their reading and comprehension but complete the G.E.D. examination successfully when they enroll in the LRC.

Expenditures for travel to and from the center(s) in which they are scheduled is supplied to those qualifying students. Those who qualify have their tuition, insurance and books paid for through the grant also. Uniforms, shoes and supplies are necessary for the practicum and are purchased for the qualifying students.

Job placement is the primary goal for each of the single parents and homemakers who have completed the program. The lab work and the on-the-job training are thorough, demanding, concrete, performance based, and specialized. Job placement must be in excess of 70% by DOE standards so the teaching standards must be met.

The practicum is conducted with the instructor in attendance at the job sites to supervise and coordinate all phases of the practicum.

The students are observed by the hospital supervisors while in the practicum. Frequently, the students are placed while still in the practicum due to positive performance skills, patient relationships, general demeanor and positive evaluations.

While high paying jobs are scarce in Hernando County, the needs of the community are being met. The clients have gained a sense of pride and the hope is that our clients will climb the career ladder, as a few have done. It is apparent that most of our clients have improved in the socialization process, self esteem, self discipline, and in the areas of mental and physical well-being.

METHODS

The project entitled Adult Training and Retraining for Single Parents and Homemakers was designed and funded for a significant group of applicants who had critical needs in the area of economics as well as self-esteen and career orientation. Hernando County has been perennially known for having deficits in high paying jobs. While the growth factors indicate that the county was becoming a retirement community, school enrollment indicated that the numbers of schools to satisfy the needs of the school-age children were indeed outdistancing the needs for retirement facilities. Yet more nursing care facilities, health clinics and psychiatric centers are being built.

It was evident that there were single parents, teen age pregnant mothers, divorcees and widows who needed fulfillment, both economically and in the area of career challenge. The health care faclities have been increasing in numbers. Hernando County now has two hospitals and five nursing homes. Skilled and trained employees in the health care field were not available. Through the Vocational Division of Hernando County Schools, located in the Adult and Community Education Center, clases such as Psychiatric Technician, Nursing Assistant, Home Health Aide, Teacher Aide, Secretarial Occupations, Carpentry, Masonry and Nursery Operations were instituted. Funding arrived to coincide the new school year and expanded recruitment.

We contacted student (single parents) who had indicated an interest in the nursing support services but were unable to participate because of inabiltiy to pay fees, purchase uniforms, shoes, stethoscopes and watches. JTPA sent us clients who needed skill training HRS sent clients who must meet their guidelines for employment.

After coordination with HRS and JTPA, we enrolled 28 qualifying single parents and/or homemakers. Their enthusiasum and commitment precluded their activities. They spent nine weeks in the classroom, a veritable laboratory, and two weeks in each of six health care facilities.

While in the practicum, they learned about the important nature of their jobs, learned the needs of the patients and how to respond to those needs, they developed tenacity and the physical strength required to do work in the health care facilities and learned of the unpredictabilty of patient behavior and the need to structure and discipline themselves to provide services adequately and accurately.

On-the-job training is valuable also to the directors and personnel managers. It provides the opportunities for them to see first-hand whether or not the trainee will be capable of handling the responsibilities inherent in health care jobs. The opportunity to help the single parents improve their skills and attitudes is also inherent in the on-the-job process.

The methods we used included pre-counseling, interim counseling and end-of-the-job training counseling. Through the efforts of all persons involved the clients became CNA's with certification and almost everyone was employed either as a CNA or a home health aide.

FINDINGS AND ANALYSIS

Begining in Septmeber of 1986 the Single Parents and Homemaker grant once again was made available to qualified Hernando County single parents and homemakers. The grant was officially numbered 270-15170-7-3D05. The vocational course entitled nursing assisting was implemented within the DOE Vocational Curriculum frameworks and in coordination and cooperation with various health care facilities throughout the county. This class consisted of 9 students, one black male and 4 black females as well as 4 white females. These single parents and homemakers had a total of 19 dependent children. Tuition, books and insurance were provided for the semester course at a cost of seven hundred and fifty dollors ($750.00). Uniforms, including shoes, and watches were purchased for all nine persons at the total price of ($542.02.) five hundred and forty two dollars and two cents. Transportation for operation of their individual cars was accomplished at at total cost of $567.61. Required physical exams for six of these students totalled $120.00. One student took the GED and passed it and we funded that for her at $14.50.

All nine students were placed into jobs at health care facilities throughout Hernando, Pasco and Hillsborough counties. Our follow-up studies indicate that one has been terminated from her job but has hopes to be placed again.

During January of 1987 a new second semester recruitment was initiated in conjunction with JTPA and HRS. Forty two people were given interviews who were in need of skills training. Our facility was inadequate for these numbers so through a pre-testing program administered by JTPA we allowed thirty one to enter the program with one R.N. to instruct. JTPA then found for them other job prep training apart from our grant funding and jurisdiction. Ninteen of the participants of the semester II nursing assisting class were funded in part by our single parent/homemaker grant. This was accomplished with the assistance of JTPA. This second semester included one male and 18 females. Ten black females, eight white females and one white male constituted the racial characteristics of the class. A total of $2,070.00 was expended for tuition alone for ATRT clients. During term I, one hundred and forty dollars for health examinations was expended for our clients. JTPA took the responsibility for all other health examinations as they did for the purchase of uniforms, transportation and child care, when needed. Thirty seven children were affected by the placement of these ATRT single parents into the nursing assisting course. The Hernando County ATRT grant did not expend any dollars for child care during this term because JTPA and HRS willingly cooperated with their budgeted dollars to fund some of our clients in the area of child care. Our program would have been minimal and ineffective without the cooperative generosity of JTPA.

Of these nineteen ATRT students who enrolled during term II, one white male withdrew due to financial problems. One black female decided that she would work at Pizza Hut and withdrew due to the fact that training was too difficult and restrictive for her. One white female withdrew because she learned after her health examination report that she was not physically able to become a CNA. One black female was withdrawn for non attendence.

In addition to two courses of nursing assisting the home health care facilities have requested our assistance in providing a course in home health aide certification. Home health care agencies were mandated to ascertain home health aide training of their employees in addition to the CNA training for which they had been certified.

When the new law was enacted giving the agencies until April 28, 1987 to allow their employees to become certified in home health aide care, the director of VACE allowed us to meet the challenge by offering a night course. The specific objectives were approved and twenty employees were admitted to a 21 hour course which was DOE structured, to supplement their CNA skills and add the home health aide training to their certificates. This was a vocational supplemental course and was not funded through the single parent/homemaker grant. The clients were already employed and able to afford the small fee of $5.00. However, of these mature clients three had once been funded through ATRT grant monies to become CNA's.

As we review the data collected, there are many factors which can be assessed as positive for the clients. An analysis shows that the clients are employed after having been statistically disadvantaged; economically, socially and academically. Everyone who evaluates our clients notices the self image changes. Confidence and a sense of security have replaced the self concepts of reticence, shyness and a demeanor of failure and poverty. Evident also are the improvements in dress, socialization and communication skills. The trauma of the first day in a health care facility has been transformed into professional attention to duty and a caring attitude for patients. From this stand point alone, the Adult Training and Retraining grant for Single Parents and Homemakers has been extremely worthwhile. Our students have risen above the confines of questionable tomorrows to a new beginning today.

The average per pupil expenditure <u>for grant recipients only</u> is <u>$230.32</u> (1986-87) without costs relating to administration, facility, utilities, etc. These are the average dollars which were given directly to the clients who qualified for the program. When computed with total Carl B. Perkins funds for 2A-6 monies the per pupil expenditure becomes <u>$395.86</u>

CONCLUSIONS AND RECOMMENDATIONS

The percentages of our targeted population which responded to the recruitment was 100% greater than anticipated. We expected fifteen clients for each semester for a total of thirty students and interviewed for the year a total of 62 students. We completed training and certified 28 students with CNA certificates through grant funding. Total students who will be followed up in job prep vocational programs and who completed the CNA class for the year will be 50 students. An additional 18 will have had vocational supplemental training to become home health aide certified. They are employed by home health agencies and will be reported in the vocational report for FTE.

The assurance that these clients have met all objectives are the responsiblity of the teacher and coordinator of our CNA/Home Health Aide courses who is an RN. Curriculum is defined by the DOE. All directives concerning the education of these clients and follow up of these students is conducted by the District Occupational Specialist through the office of the Director of Vocational, Adult and Community Education. "The primary objective of this grant as written is to assist single parents or homemakers in pursuing career opportunities in our vocational programs. Assistance will be provided to acquaint the individual with career opportunities available and assisting financially with tuition and transportation for individuals demonstrating need. Individuals will be encouraged to seek occupations providing high wage/high placement potential."

These objectives as stated above have been met with a resounding success. We have had only four drop outs during semester II of this year. All participants have been placed for the first semester. Many of the clients of grant funding during second semester were placed while still in the practicum and the others who finish the practicum in the various facilities will be placed upon completion of the course. The high wage potential is not available in Hernando County but several of our students have been into the career ladder and are now pursuing LPN and RN status.

The objectives have been successfully carried out to meet the needs of the target group. To achieve those objectives coordination for the practicum and supervision of clients while in the practicum as well as purchasing, counseling, providing resource materials and other details were all efficiently handled through the instructor's efforts and the coordinator of the program with the approval of the Director of Vocational Education.

It is recognized that program modification will be needed to assure maximum effectiveness. Some priorities which we have established are the acquisition of a teacher aide to assist in the delivery of instructional services; the acquisition of alternate facilities or modification of existing facilities to enhance instruction; the expansion of opportunities for vocational training; make more effective use of the advisory committee; provide the installation of a telephone to improve communications.

An objective conclusion would be that the program is effective and should be refunded for 1987-88 and funds must be enlarged to include the necessary deficits we have experienced this past year.

The provisions of this grant have improved the lives of 28 untrained single parents and homemakers during 1987. It is unfortunate that Hernando County does not offer better pay for the skills obtained in the CNA program. The probability of higher wages is remote since CNA is much in demand and the needs are becoming greater with each new facility being built in this county.

Carl B. Perkins funds provided a much needed boost to the mental and physical well being of 26 families during the 1986-87 school year. Without these funds, the single parents involved could not have pursued the nurses' aide training. Nondiscriminatory selection of candidates for the program has resulted in the useful and successful completion of a skills training course by clients who were disenchanted and impoverished. Through the concerted efforts of JTPA and the School Board of Hernando, the Director of Vocational, Adult and Community Education, the instructor of the course, the local health care facilities who approved the trainees to practice in their facilities, this program has become a great success.

Our gratitude is expressed to the D.O.E. for allowing these monies to be available to Hernando County. It is with much appreciation and hope that we shall continue the program in the years to come. The Carl B. Perkins Act has been a boon to many disadvantaged citizens whose lives have been completely reversed by the acquisition of these skills. Hernando County thanks all of the agencies involved in the implementation of this program.

APPENDIX

1. Course Outline: Home Health Aide
2. Cooperative Agreement: Sample; Lykes Memorial Hospital and The School board of Hernando County
3. Participant Intake Information
4. Advisory Committee Members
5. Florida Income Eligibility For Free and Reduced Price Meals
6. Registration Form: Hernando County Adult and Community Education
7. Need, Eligibility and Payment Standards
8. Application For Food Stamps

HERNANDO COUNTY ADULT EDUCATION

HOME HEALTH AIDE

FOR

CERTIFIED NURSING ASSISTANTS

BY: KATHY COFFMAN, R.N.

MARCH 1987

HERNANDO COUNTY

VOCATIONAL/ADULT COMMUNITY EDUCATION

Course:	Home Health Aide Course For Certified Nursing Assistants
Time Allotment:	22 Hours
Teaching Personnel:	Instructor
Methods of Teaching:	Lecture, handouts, class discussion
Methods of Evaluation:	Class participation, attitude, interest, attendance, final examination
Suggested Reading:	Being A Homemaker/Home Health Aide, published by Robert J. Brady Co. Auther: Elana C. Zucker, R.N., M.S.N.

HOME HEALTH AIDE FOR CERTIFIED NURSING ASSISTANTS

Purpose: To provide supplemental training for persons previously or currently employed as Nursing ASsistants so that they may seek employment as Home Health Aides

Objectives: After successfully completing this program, the Nursing Assistant/Home Health Aide will be able to:

1. Demonstrate knowledge of legal and ethical responsibilities
2. Demonstrate knowledge of basic human needs and their relationship to the Home Health Aide
3. Provide a safe and healthy environment
4. Demonstrate knowledge of changes that occur in the aging process
5. Demonstrate knowledge of nutritional needs and food management
6. Provide personal care and hygiene
7. Perform special care activities
8. Assist client with meeting rehabilitation needs
9. Perform household services essential to the client's health
10. Record and report observations
11. Demonstrate employability skills

ABBREVIATED COURSE OUTLINE

I. DEMONSTRATE KNOWLEDGE OF LEGAL AND ETHICAL RESPONSIBILITIES

A. Explain "Patient's Bill of Rights"
B. Describe the role of each team member
C. Explain the role of the Home Health Aide in relation to other team members
D. Describe the responsibility of the agency to the aides and staff
E. Provide health care within the policies of facilities/agencies where he/she works
F. Provide health care within the legal framework of his/her job description
G. Explain the information which should be included in a written plan of care

II. DEMONSTRATE KNOWLEDGE OF BASIC HUMAN NEEDS AND THEIR RELATIONSHIP TO THE HOME HEALTH AIDE

A. Identify ways in which people communicate with each other
B. Describe the importance of the family to individuals and to society
C. Describe behavior which mey be observed when basic needs are not met
D. Describe the basic needs which home health aide services help to meet
E. Identify situations which might need home health aide services
F. Identify common reactions of family members to illness or stress and how they might be handled
G. Recognize changes or events in a family that the Home Health Aide should report to the supervisor

III. PROVIDE A SAFE AND HEALTHY ENVIRONMENT

A. Explain methods of infection control
B. Wash hands using aseptic technique
C. Identify fire/safety hazards and methods of control
D. List causes of accidents
E. Use protective devices
F. Practice good body mechanics

IV. DEMONSTRATE KNOWLEDGE OF CHANGES THAT OCCUR IN THE AGING PROCESS

A. Describe general characteristics, particular needs and problems of older persons
B. Identify attitudes and living habits which promote positive mental and physical health for the elderly
C. Distinguish between fact and fallacy about the aging process
D. Identify signs and symptons of common disorders/diseases
E. Identify community resources and services available to older persons
F. Describe the feelings, reactions, and needs of the dying person, family members, and the Home Health Aide

V. DEMONSTRATE KNOWLEDGE OF NUTRITIONAL NEEDS AND FOOD MANAGEMENT

A. Explain regional, cultural, and religeous food patterns
B. Know how to prepare a food plan including the basic 4 food groups
C. List factors which must be considered when purchasing food
D. Explain how to prepare a meal
E. Explain how to feed the client
F. Describe special and therapeutic diets

VI. PROVIDE PERSONAL CARE AND HYGIENE

A. Discuss special problems when doing personal care in the home
B. Provide for the client's elimination needs

VII. PERFORM SPECIAL CARE ACTIVITIES

A. Assisting the client with prosthetic devices
B. Assist client with taking self-administered prescribed medication
C. Change a colostomy bag
D. Provide special skin care
E. Perform post-mortem care

VIII. ASSIST CLIENT WITH MEETING REHABILITATION NEEDS

A. Define rehabilitation
B. List the pruposes of a rehabilitation program
C. Assist the client with meeting optimum activities of daily living (ADL)
D. Lift, hold, or transfer a client using good body mechanics
E. Perform prescribed range of motion
F. Assist the client in the use of ambulatory support devices

IX. PERFORM HOUSEHOLD SERVICES ESSENTIAL TO THE CLIENT'S HEALTH

A. State the role of a Home Health Aide in maintaining a clean environment
B. List ways of establishing an individual work plan with the client and the family
C. Demonstrate the correct procedures for household cleaning tasks
D. Identify the methods for proper food storage
E. Identify the methods for proper medication storage

X. RECORD AND REPORT OBSERVATIONS

A. Describe the difference between objective and subjective reporting
B. Identify methods of observation
C. Identify different methods of communicating
D. Maintain record of daily care
E. Record mileage
F. Assist in completing an incident report

XI. DEMONSTRATE EMPLOYABILITY SKILLS

A. Identify appropriate responses to criticism from employer, supervisor, or other persons
B. Identify acceptable work habits
C. Demonstrate knowledge of how to make job changes appropriately
D. Demonstrate acceptable employee health habits

XII. FINAL EXAM

COURSE OUTLINE

I. DEMONSTRATE KNOWLEDGE OF LEGAL AND ETHICAL RESPONSIBILITIES

A. Explain "patient's bill of rights"
B. Describe the role of each team member:
   1. Discuss DRG's (Diagnostic Related Groups)
   2. Registered Nurse
   3. L.P.N.
   4. Physical Therapist
   5. Occupational Therapist
   6. Nutritionist
   7. Social Worker
   8. Home Health Aide

C. Explain the role of the Home Health Aide is relation to other team members.
   1. Nursing Staff
      a. Report useful information objectively
      b. Give personal care and free up the Professional
      c. Assist with rehabilitation
      d. Understand basic needs
      e. Assist client and family with understanding and preparing therapeutic diets
   2. Physical Therapist, Occupational Therapist, and Speech Therapist
      a. Assist with various phases of rehabilitation.
      b. Understand client's basic needs.
      c. Assist client and family with understanding and following out procedures.
      d. Report useful information objectively.
   3. Nutritionist
      a. Assist client and family with understanding and preparing therapeutic diets.
      b. Report useful information objectively.

D. Describe the responsibility of the agency to the aides and staff.
   1. Provide a job description.
   2. Provide an opportunity for further education of health workers.
   3. Provide a safe workplace.
   4. Provide benefits where applicable.

E. Provide health care within the policies of facilities/agencies where he/she works.
   1. Every agency has policies and procedures!
   2. Home Health Aide MUST adapt his/her procedures to that of the agency policies and procedures in order for liability insurance to cover the Home Health Aide's work.
   3. No other policies can be acceptable!

F. Provide health care within the legal framework of his/her job description.
   1. Legal aspects for insurance coverage also apply to working within your job description.

G. Explain the information which should be included in a written care plan.
   1. Personal information.
   2. Diagnosis.
   3. Family history

G. (continued)
4. Specific procedures and who and when to be performed
5. Optimum level of health expected for client.

II. Demonstrate Knowledge of Basic Human Needs and their Relationship to the Home Health Aide.

A. Identify ways in which people communicate with each other:
1. Body Language
a. Posture
b. Facial expressions
c. Concentration
d. Personal appearance
e. Eye contact
f. Hand movements
g. Touching others
2. Eye contact
3. Courteous
4. Emotionally in control
5. Tactful
6. Good listener
7. Be a non judgemental observer

B. Describe the importance of the family to individuals and tp society.
1. Maintain stability
2. Protect
3. Transmit culture
4. Teach self-sufficiency and survival
5. Meet individual needs

C. Describe behavior which may be observed when basic needs are not met.
1. Irritable
2. Anxious
3. Depression
4. Aggression
5. Anger
6. Physical ailment without apparent cause

D. Describe the basic needs which home health aide services help to meet.
1. Safety
2. Food
3. Activity
4. Rest
5. Avoidance of pain

E. Identify situations which might heed Home Health Aide Services.
1. Acute illness
2. Chronic illness
3. Disability

F. Identify common reactions of family members to illness or stress and how they might be handled.
1. Denial
2. Depression
3. Overdependence

G. Recognize changes or events in a family that the Home Health Aide should report to the supervisor.

III. PROVIDE A SAFE AND HEALTHY ENVIRONMENT

A. Explain methods of Infection Control.

1. Conditions necessary for bacteria growth
    a. Moisture
    b. Correct temperature - Usually body temperature
    c. Oxygen
    d. Darkness
    e. Food
2. Define difference in:
    a. Sterilization - Kills all microorganisms
    b. Disinfection - Destroys as many as possable
3. Define:
    a. Clean: uncontaminated
    b. Dirty: Has come in contact with disease causing agents
    c. Sterile: absence of microorganisms
    d. Unsterile: Having or potentionally having microorganisms
4. Importance of Handwashing
5. Ways to maintain isolation for:
    a. A bedroom
    b. A corner of a room
    c. Enteric isolation
6. Discuss Infection Control for Aides

B. Wash hands using Aseptic Technique

C. Identify fire/safety hazards and methods of control

1. List the general rules of home safety
    a. Report any unsafe conditions to supervisor
    b. Pick up objects of spills that do not belong on floor
    c. Avoid slippery floors
    d. Remove scatter rugs
    e. Set brakes on wheelchairs
    f. Use side rails
    g. Work in good light
    h. Keep phone numbers of fire, police and EMS right at phone
    i. Read labels
    j. Know exits in case of fire
    k. Don't start a task you can not do
2. List safety precautions for children
    a. Never leave a child unattended
    b. Keep dangerous objects out of reach
    c. Sides of crib should be left up
    d. Doors and stairways should be kept locked
    e. Venetian cords should be out of reach
    f. Keep all poisonous substances in a high place behind locked doors
3. List safety precautions for the aged
    a. Adequate lighting
    b. Protect the client from falling
    c. Protect from burnssuch as bath water too hot
4. Safety precautions for electricity
    a. Electrical equipment in good condition before use
    b. Use the right tool for the right job
    c. Dry hands before using electrical equipment
    d. Don't run all electrical equipment at same time

III. C. 5. Safety precautions for smoking
a. Provide ashtray
b. Don't empty warm ashtrays into waiste paper basket
c. Sedated client should not smoke alone
d. Confused client should not smoke
e. Do not smoke in bed
6. List three things necessary to create a fire
a. Fuel
b. Heat
c. Oxygen
7. Oxygen safety
a. NO smoking
b. No electrical appliances
c. Use wool blanket instead of nylon
D. List causees of accidents
1. Carelessness
2. Unforseen
E. Use protective devices
1. Side rails
2. Seat belts
3. Restraints
F. Use proper body mechanics
1. YOU ONLY HAVE ONE BACK!

IV. DEMONSTRATE KNOWLEDGE OF CHANGES THAT OCCUR IN THE AGING PROCESS
A. Describe general characteristics, particular needs and problems of older persons.
1. Physical changes
a. Reflexes slow
b. Circulation less efficient
c. Hair turns grey
d. Bodily process slows
e. Skin looses elasticity
f. Senses become less accute
g. Posture becomes stooped
h. Muscles loose strength
i. Change in temperature sensation
2. Social changes
a. Retirement
b. Change in income
c. Fear of illness
d. Isolation from friends and family
e. Death of a spouse
f. Increased dependence on others
3. Mental changes from decreased circulation
a. Forgetfullness
b. Disorientation
c. Irritability
B. Identify attitudes and living habits which promote positive mental and physical health for the elderly.
1. Assist with all phases of personal care
2. Teach client how to maintain his own personal hygiene
3. Provide a safe environment
4. Observe and report changes in client's condition
5. Provide socialization
6. Protect your client from abuse and neglect
7. Provide rest for primary caregivers

IV. B. 8. Teach families and clients safe techniques for giving care
9. Provide proper nutrition
10. Observe for safety hazards in the home
11. Plan client's care around client's usual household schedule and ethnic customs
12. Provide for warmth and ventilation in the home
13. Do not disturb personal belongings!
14. Do not use baby talk with client
15. Dress client and comb hair in style appropriate to his age
16. Do not speak about the client to others as though the client was not there
17. Have patience!

C. Distinguish between fact and fallacy about the aging process
1. Aging persons can learn
2. Aging persons want to remain independent
3. Aging persons enjoy sexual relationships
4. Aging persons want to be contributing members of society
5. Aging persons do take longer to learn than younger people
6. Aging persons can change and adapt when they understand the reasons

D. Identify signs and symptoms of common disorders/diseases
1. Arteriosclerosis
2. Arthritis
3. Bronchial Asthma
4. Cancer
5. Cataracts
6. Cerebral Vascular Accident (C.V.A.)
7. Congestive Heart Failure
8. Diabetes
9. Emphysema
10. Fractures
11. Gallstones
12. Gastritis
13. Heart Disease
14. Hemorrhoids
15. Hypertension
16. Organic Brain Syndrome (Alzheimer's Disease)
17. Parkinson's Disease
18. Pneumonia
19. Urinary Incontinence
20. Varicose Veins

E. Identify community resources and services available to older persons

F. Define the five stages of dying
1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

G. Discuss the feelings, reactions, and needs of the dying person, the family members and the Home Health Aide.

V. DEMONSTRATE KNOWLEDGE OF NUTRITIONAL NEEDS AND FOOD MANAGEMENT

A. Explain regional, cultural, and religeous food patterns

B. Know how to prepare a food plan including basic 4 food groups
   1. Dairy products
   2. Vegetables and fruit
   3. Meat and fish
   4. Breads, cereals and potatoes

C. List factors which must be considered when purchasing food
   1. Read labels
   2. Price
   3. Storage

D. Explain how to prepare a meal
   1. Conserve energy
   2. Make meal appetizing
   3. Use proper storage methods

E. Explain how to feed the client
   1. Make meal look attractive and appetizing
   2. Observe safe feeding procedures

F. Describe special and therapeutic diets
   1. Regular - Provides all essentials of good nourishment in normal forms
   2. Soft mechanical - Same foods as on a normal diet, but chopped or strained
   3. Bland - Foods mild in flavor and easy to digest; omits spicy foods
   4. Low residue - Foods low in bulk: omits foods difficult to digest
   5. High calorie - Foods high in protein, minerals and vitamins
   6. Low calorie - Low in cream, butter, cereals, desserts and fats
   7. Diabetic - Balance of carbohydrates, protein, and fats devisee according to the needs of individual clients
   8. High protein - Meals supplemented with high protein foods, such as meat, fish, cheese, milk, and eggs
   9. Low fat - Limited amounts of butter, cream, fats, and eggs
   10. Low cholesterol - Low in eggs, whole milk, and meats
   11. Low sodium - Limited amount of foods containing sodium, no salt allowed at the table
   12. Salt-free - Completely without salt

VI. PROVIDE PERSONAL CARE AND HYGIENE

A. Discuss special problems when doing personal care in the home

B. Provide for the client's elimination needs

VII. PERFORM SPECIAL CARE ACTIVITIES

A. Assisting the client with prosthetic devices
   1. Artificial eye care
   2. Ostomy care
   3. Hearing aid care
   4. Artificial limbs

B. Assist client with taking self-administered prescribed medication
   1. Discuss difference between:
      a. Administer - Only licensed personnel can give to client
      b. Assist - Observe that client is taking his/her medication as prescribed by the physician
   2. Assist client with proper storage of medication

VII. C. Change a colostomy bag
D. Provide special skin care
1. Prevent Decubitus Ulcers
2. Follow prescribed skin care procedures
E. Perform post-mortem care
1. Remove all tubes and etc.
2. Clean client if necessary
3. Cover with sheet
4. Wait with family until funeral director arrives (follow <u>your</u> agency policies!)

VIII. ASSIST CLIENT WITH MEETING REHABILITATION NEEDS
A. Define rehabilitation
Process of relearning how to function in the best possible way, as an independent person despite a disability.
B. List purposes of a rehabilitation program
1. Offset the deteriorative effects of physical illness, trauma, and the consequences of:
a. Inactivity
b. Poor positioning for long periods of time
c. Lack of weight bearing
d. Excessive stress
e. Disuse of muscles
f. Inability to perform activities of daily living
2. Restore or rehabilitate requires meeting the total needs of the client including:
a. Physical
b. Emotional needs
c. Social/economic needs
d. Spiritual needs
3. Establish realistic goals for the client
a. First, short-term goals
b. Follow with long-term goals
C. Assist client with meeting optimum activities of daily living (ADL)
D. Lift, hold, or transfer a client using good body mechanics
E. Perform prescribed range of motion
F. Assist client in the use of ambulatory support devices

IX. PERFORM HOUSEHOLD SERVICES ESSENTIAL TO THE CLIENT'S HEALTH
A. State the role of a Home Health Aide in maintaining a clean environment
1. Keep harmful bacteria under control
2. Keep an orderly way of living
3. Prevents accidents
4. Makes client, family and home health aide feel better
B. List ways of establishing an individual work plan with the client and the family
1. Is the task related to the personal and therapeutic care of the client
2. Can anyone else in the home or family do this task
3. Who will do this task when you are no longer in the home
C. Demonstrate the correct procedures for household cleaning tasks
1. Follow an orderly plan of action
2. Follow safety rules with equipment and cleaning supplies

IX. D. Identify the methods for proper food storage
1. Don't buy more food than you can safely store
2. Keep refrigerators operating properly by defrosting when necessary
3. Check expiration date on food before purchasing it
4. Rotate food at home using the most recently purchased food last
5. Dry ingredients should be stored in tightly covered containers. Examples of dry ingredients:
a. Flour
b. Sugar
c. Cereal
d. Pasta

E. Identify the methods for proper medication storage
1. Dispose of out-dated or old medication
2. Store medications with similar looks and names separately
3. Do not change storage place without client's knowledge
4. Keep out of reach of children and confused, forgetful clients
5. Keep away from extreme heat, cold, or light

X. RECORD AND REPORT OBSERVATIONS

A. Describe difference between objective and subjective reporting
1. Objective - Reporting only what you:
a. See
b. Hear
c. Feel
d. Smell
2. Subjective - Reporting :
a. Your opinion
b. What others say, see, hear feel, smell

B. Identify methods of observation
1. Be sure about your information
2. Have the complete information
3. Report ALL changes in a client's condition
4. Report the events in the order they occurred
5. Report and record quietly and calmly
6. Report and record soon after the event so as not to forget

C. Identify different methods of communicating
1. Phone
2. Chart
3. Talking one to one

D. Maintain record of daily care
1. Each agency has their own form
2. Chart according to policy

E. Record mileage

F. Assist in completing an incident report
1. Use correct agency form
2. State exactly what happened
3. State exactly when the incident happened
4. State exactly where the incident happened
5. State exactly who witnessed the incident

XI. DEMONSTRATE EMPLOYABILITY SKILLS

A. Identify appropriate responses to criticism from employer supervisor, or other persons

B. Identify acceptable work habits

C. Demonstrate knowledge of how to make job changes appropriately

D. Demonstrate acceptable employee health habits

SAMPLE

COOPERATIVE AGREEMENT

BETWEEN

LYKES MEMORIAL HOSPITAL

AND

THE SCHOOL BOARD OF HERNANDO COUNTY (HERNANDO COUNTY ADULT AND COMMUNITY EDUCATION)

FOR

PROVIDING NURSING ASSISTING TRAINING

I. PARTICIPATING AGENCIES:

The participating agencies in this agreement are Lykes Memorial Hospital and the School Board of Hernando County (Hernando County Adult and Community Education).

II. STATEMENT OF AGREEMENT:

This is a mutual agreement between the Administration, Lykes Memorial Hospital and the School Board of Hernando County (Hernando County Adult and Community Education/HCACE), that the hospital will provide facilities and accept students from the Hernando County Adult and Community Education nursing assistant class for clinical experiences, in accordance with the provisions set forth in this agreement.

III. GENERAL PROVISIONS OF THE AGREEMENT:

1. The education of the students shall be the primary purpose of the education program.

2. The School Board shall be responsible for the formal classroom education of the student.

3. The faculty of the school shall be responsible for selecting clinical learning experiences for the students, with the assistance and cooperation of hospital staff and personnel.

4. The assignment of students to clinical experience areas shall be coordinated with the Hospital. The specific practical experience training shall be coordinated with the Director of Nursing.

5. The School Board (HCACE) agrees to comply with the established policies and practices of the hospital when such policies and practices are made known to it and they are not in conflict with School Board policies, State Board of Education rules and law.

6. The hospital agrees to allow students and faculty, at their own expense, to use the cafeteria facilities provided for hospital personnel.

7. The hospital agrees to allow students and faculty to use the staff parking facilities or a designated area while they are engaged in clinical experiences at the hospital.

8. Under this agreement, the hospital provides opportunities for practical/clinical experiences, but maintains responsibility for the care and treatment of its patients.

9. Transportation to and from the hospital will not be provided by either the Hospital or the School Board (HCACE), but will be the responsibility of the student.

10. Student trainees will be directly responsible to the nurse in charge of the unit. If the charge nurse has any complaints about the program or individual student, she should bring them to the attention of the instructor and/or the Adult Education Director.

11. The number of students who will train on a given floor and/or unit and the training areas will be determined by the Director of Nursing or Assistant Director of Nursing.

IV. **THE SCHOOL BOARD'S RESPONSIBLITY:**

1. To maintain minimum standards required by the Florida Department of Education in the administration of this program.

2. To employ qualified instructors (R.N.'s), who shall be responsible for implementing the philosophy, the objectives, and the curricula of the school.

3. To provide concurrent related classroom instruction (formal and informal), as needed, to meet the objectives of the programs.

4. To maintain individual records of class and clinical instruction, and to evaluate the competency of each student.

5. To prepare and submit to each nursing station a weekly time schedule of training. The schedule will indicate the exact hours each student will work and will be posted at the Nursing Station. A copy of each will be given to the Director of Nursing. Any change in the schedule must be approved, in advance, and initialed by the Director of Nursing or Assistant Director.

6. To provide malpractice liability coverage for each student, the instructor(s), and the school, in the amount agreed upon by both agencies during the course of the program.

7. To provide identification (name tags and shoulder patches) for each student trainee.

V. **THE HOSPITAL'S RESPONSIBILITY:**

1. To make available to the instructor and students, hospital facilities for the planned practical learning experiences in patient care areas, which are included in these programs.

2. To provide classroom and office space for student and faculty use, whenever possible.

3. To include members of the faculty of the school in hospital staff meetings when policies to be discussed will affect or are related to the nursing assistant class.

4. To share in the responsibility for the training and education of students through the nursing staff.

5. To provide faculty and students with emergency first aid in case of accident or injury incurred while participating in the practical/clinical learning experiences. In the event of such medical treatment, the individual receiving such attention will bear the costs.

6. The hospital reserves the right to request the School Board of Hernando County (HCACE) to withdraw any student from its facilities whose conduct and/or work with patients or hospital personnel is not in accordance with acceptable standards of performance, in the opinion of the Administrator and/or the Director of Nursing.

VI. **JOINTLY, EACH AGENCY WILL:**

1. Be responsible for the orientation of the instructor and to initiate conferences between the instructor, administrator(s), and Director of Nursing, whenever there is a need.

2. Supervise and evaluate the instructor.

3. Share and assist in the supervision and guidance of students in the clinical/laboratory areas.

VII. **SCHOOL POLICIES:**

1. The educational programs shall consist of classroom instruction and laboratory/clinical experiences totaling 400 hours. The division and arrangement of time to be included in theoretical and clinical learning experiences shall be determined by the faculty.

2. The maximum number of trainees in a single class will be fifteen. The maximum number of classes trained during the term of this agreement will be four.

3. No student under 18 years of age will be permitted to enroll in the class.

4. Students and faculty shall be given holidays as provided for in the Hernando County Schools calendar.

5. Trainees will provide proof of medical insurance in case of accident or injury of the trainee. This proof must be on file with the instructor prior to performing the clinical training.

6. Trainees must provide evidence of current physical examination indicating that he/she is in good health and free of any communicable disease or any ailment which would hinder, in any way, the performance of his/her performance. A negative chest x-ray, or a T.B. skin test is required as a part of this exam.

7. The Charge Nurse in not expected to observe students for proficiency/certification of skills. When the opportunity arises for a student to be observed in a new skill, the Adult Education Instructor will be paged (code 79). If the Adult Education Instructor is not available to observe the trainee, he/she will not perform the scheduled training. The Charge Nurse cannot allow a trainee to perform any task for which he/she is not observed satisfactorily.

8. Student trainees will participate in patient care conferences.

9. The Adult Education Instructor will discuss the patient and the care plan with the trainee daily.

10. Trainees shall understand that this training does not guarantee employment at Lykes Memorial Hospital.

VIII. **MODIFICATION OF THE AGREEMENT:**

Modification of this agreement shall be made by mutual consent of both parties. A memorandum noting the modification shall be attached to this agreement and shall include the date and signatures of both parties agreeing to it.

IX. **DISCONTINUANCE OF THE AGREEMENT:**

If either party of this agreement wishes to terminate this agreement, it is understood that at least thirty days written notice shall be given by either participating agency, provided that students currently enrolled in the program shall be permitted to complete the course.

X. **RENEWAL OF THE AGREEMENT:**

This agreement shall be in effect from July 1, 1985 to June 30, 1986. It shall thereafter be reviewed and/or revised as needed.

XI. **EQUAL OPPORTUNITY STATEMENT:**

The School Board of Hernando County (Hernando County Adult and Community Education) and Lykes Memorial Hospital shall insure equal opportunity for all in its personnel policies and practices and not to discriminate on the basis of race, religion, color, national origin, sex, or age. Further, the Board and Lykes Memorial Hospital prohibit on the basis of race, religion, color, national origin, sex, or race, the exclusion of any student from participation in, the denial of the benefits of, or being subjected to discrimination under any educational program or activity.

XII. **COPIES OF THIS AGREEMENT:**

Signed copies of this agreement shall be placed on file and be available to the following:

1. Administrator, Lykes Memorial Hospital
2. Director, Adult Education
3. Director of Nursing, Lykes Memorial Hospital
4. Instructor, Adult Education

The undersigned approve this cooperative agreement between the School Board of Hernando County (Hernando County Adult and Community Education) and Lykes Memorial Hospital, at Brooksville, Florida.

Attest:

Sally Z Smith RN
Director of Nursing

LYKES MEMORIAL HOSPITAL

By: Gerald L Mosley
Adminstrator

Date: 5-29-85

Attest:

James K Austin
Superintendent of Schools

THE SCHOOL BOARD OF HERNANDO COUNTY

By: Dpe
Chairman

R-J
Director

Date: 9-18-85

_____ Single Parent/Homemaker
_____ Displaced Homemaker
_____ Single Parent
_____ Sex Equity

OFFICE USE ONLY

_____
Date of application

PARTICIPANT INTAKE INFORMATION

1. Name _____
2. Address _____
3. City _____ 4. State _____ 5. Zip _____
6. Telephone-home _____
Area Code Number
work _____
Area Code Number
7. Name, telephone number and address of person who will know how to contact you _____

_____

Circle one answer for each item.

8. Sex
   a. Female
   b. Male
9. Age
   a. 17 and under
   b. 18-21
   c. 22-24
   d. 25-34
   e. 35-44
   f. 45-54
   g. 55-64
   h. 65 or older
10. Race/Ethnicity
   a. White
   b. Black
   c. Hispanic
   d. Native American
   e. Asian or Pacific Islander
   f. Other
11. Total number of dependents
   a. 0
   b. 1
   c. 2
   d. 3
   e. 4

f. 5
g. 6 or more

12. Number of dependents age 0-5
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4 or more
13. Number of dependents age 6-18
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6 or more
14. Number of dependents age 19 or older
    a. 0
    b. 1
    c. 2
    d. 3 or more
15. Displaced homemaker and marital status (Answer either a or b, not both.)
    a. Displaced homemaker status (have worked primarily in the home)
        1) Divorced
        2) Separated
        3) Widowed
        4) Married, spouse disabled
        5) Married, spouse long-term unemployed/dislocated
        6) Loss of public assistance
    b. Marital status
        1) Married, spouse present
        2) Married, spouse absent
        3) Single, with children
        4) Single, without children
        5) Divorced
        6) Separated
        7) Widowed
16. Female head of household
    a. Yes
    b. No
17. Education
    a. 1-8 years
    b. 9-11 years
    c. High school graduate or equivalency
    d. Post high school
    e. A. A.
    f. B. A.
    g. M. A.
    h. Vocational education skills
18. Skills training in the last 5 years
    a. Yes
    b. No

19. Current annual household cash income from all sources
    a. Less than $5000
    b. $5000-$10,000
    c. $10,000-$15,000
    d. $15,000-$20,000
    e. $20,000-$25,000
    f. $25,000 or more
20. Source of income (Circle all that apply.)
    a. Salary
    b. Spousal support
    c. Child support
    d. AFDC
    e. Other public assistance, not AFDC
    f. Social Security
    g. Food stamps
    h. Medicaid
    i. Other
21. Employment history
    a. Years spent as homemaker with no substantial employment outside the home
        1) 0-1
        2) 2-5
        3) 6-10
        4) More than 10
    b. Years paid <u>part-time</u> employment
        1) 0-1
        2) 2-5
        3) 6-10
        4) More than 10
    c. Years paid <u>full-time</u> employment
        1) 0-1
        2) 2-5
        3) 6-10
        4) More than 10
    d. Type of work.
        1) Managerial/administrative
        2) Professional/technical
        3) Sales
        4) Clerical
        5) Skilled trades/craft worker
        6) Operative
        7) Service worker
        8) Not applicable, have not worked outside the home
22. Supportive services required (Circle all that apply.)
    a. Child care/dependent care
    b. Tuition assistance
    c. Transportation
    d. Training stipend
    e. Books
    f. Instructional support
    g. Referral to other agency (Circle all that apply.)
        1) Legal services
        2) Health services
        3) Social service agency
        4) Child support enforcement

5) Vocational rehabilitation
6) Job service
7) Substance abuse agency
8) Domestic violence program
9) Other

23. How did you hear about the program? (Circle all that apply.)
a. Newspaper
b. TV
c. Radio
d. Poster/brochure
e. Friend/relative
f. Social service agency
g. Educational institution
h. Other

ADVISORY BOARD
ADULT TRAINING & RETRAINING GRANT

The Director of Vocational, Adult and Community Education and the School Board of Hernando County express their many thanks to the following members of the Advisory Committee who have been instrumental in establishing the nursing assistant program:

Advisory Committee Members:

Nancy Vanderpoel, R.N.

Sally Smith, R.N.

Mary O'Brien, R.N.

Gretchen Pingley, Counselor

Trudy Stauffnacher, R.N.

Roger A. Lewis, Director
Adult & Community Education

Paul Clemons, Th.D., L.L.D., D.D.

Nicholas Morana, Director,
School Support Services

Diane Mincevich, R. N.

ATTACHMENT B

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 1985 to June 30, 1986

These are the income scales used by (Insert name of sponsor) to determine eligibility for free and reduced price meals.

Free Meal Scale

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	WEEKLY
1	6,825	569	132
2	9,165	764	177
3	11,505	959	222
4	13,845	1,154	267
5	16,185	1,349	312
6	18,525	1,544	357
7	20,865	1,739	402
8	23,205	1,934	447
For each additional member, add	2,340	195	45

Reduced Price Meal Scale

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	WEEKLY
1	9,713	810	187
2	13,043	1,087	251
3	16,373	1,365	315
4	19,703	1,642	379
5	23,033	1,920	443
6	26,363	2,197	507
7	29,693	2,475	572
8	33,023	2,752	636
For each additional member, add	3,330	278	65

NOTE: The press release must contain both the free and reduced price meal scales. The letter to parents must contain only the reduced price meal scale.

REGISTRATION FORM TERM 1 2 3

Hernando County Adult & Community Education
1036 Varsity Drive, Brooksville, Florida 33512

SECTION A - PERSONAL DATA

Enrollment Date: _____ Enrolled by: _____

1. Full Name _____ (Last) (First) (Middle/Maiden) 2. Social Security No. _____

3. Address _____ (Street/Route/P.O.Box) (City) (State) (Zip Code)

4. Date of birth _____ (Month Day Year) 5. Age____ 6. Sex____ 7. Race_____ 8. Phone number ( ) _____ Area Code

9. Do you have a high school diploma? ☐ Yes ☐ No (Check one) If yes, when _____ (Month Year) If no, name of last school attended _____

10. Proof of Residency: _____

SECTION B – ENROLLMENT DATA (To be completed by student)

Check the statement which most accurately describes your purpose for enrolling in this course. I am a:

☐ 1. Student who demonstrates skills at or below the eighth grade level, as measured by tests approved by the State Board of Education, and who is studying to achieve literacy – No Fee(s) Charged.

☐ 2. Student earning credit toward a high school diploma or preparing for the GED test – No Fee(s) Charged.

☐ 3. Student with a high school diploma who requires specific **improvement of academic or learning skills before pursuing postsecondary education goals** to obtain or maintain employment, or to benefit from a vocational training program – Fee(s) Charged.

☐ 4. Student enrolled in this course to obtain skills so I may enter the labor force in related occupations – Fee(s) Charged.

☐ 5. Student employed in an occupation directly related to this course and am enrolling to be updated or upgraded to achieve stability or advancement in this occupation – Fee(s) Charged.

☐ 6. Student enrolling in noncredit courses to participate in activities primarily concerned with community welfare in the areas of health, safety, human relations, government, child rearing, consumer economics, and environment. (CIS)

☐ 7. Student who will be participating in recreation and leisure skill activities. (FS or VIE)

SECTION C - COURSE SCHEDULE

Posted Roster	State Course Number	Course	Credit Needed	Time	M	T	W	R	F	S	Teacher	Location	Drop/Add Date	Grade	Credit Earned	Posted Permanent Record

I am a resident of the State of Florida: Yes ☐; No ☐.

I hereby certify that all information I have provided on this form is complete, true and correct to the best of my knowledge.

Student Signature _____ Date _____

OFFICE USE ONLY

Center: ☐ AHS ☐ WCC ☐ _____

Program: ☐ Alternative ☐ Trade ☐ AHS (D) ☐ AHS (E) ☐ CIS ☐ FS ☐ _____

Validation: Cash register validation on back of card ☐

Amt. Pd. _____ Receipt No. _____

Amt. Pd. _____ Receipt No. _____

ACE-Adm-001A (Revised) July 1985 Reorder from ACE

DISTRIBUTION
White: Student File
Card: ACE File

Need, Eligibility and Payment Standards

Standards with Shelter
Chart I

Number in Assistance Group	(Effective 10/1/82) Consolidated Need Standard	(Effective 10/1/84) Eligibility Standard (185% of CNS)	(Effective 1/1/86) Payment Standard
1	$221	$ 408	$143
2	297	549	194
3	400	740	252
4	468	865	298
5	549	1,015	344
6	618	1,143	388
7	685	1,267	428
8	755	1,396	466
9	823	1,522	505
10*	889(1)	1,644(2)	543(3)

Standards without Shelter
Chart II

Number in Assistance Group	Consolidated Need Standard	Eligibility Standard (185% of CNS)	Payment Standard
1	$120	$ 222	$ 80
2	202	373	132
3	265	490	165
4	333	616	212
5	389	719	242
6	458	847	288
7	525	971	326
8	595	1,100	365
9	663	1,226	404
10*	729(1)	1,348(2)	444(4)

*Adjustment for each addition...

(1) $66 (3) $40
(2) $122 (4) $40

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Application for Food Stamps–Part 1

For Office Use Only
Case number _____
Date received _____

Step 1. Complete Page 1

To begin to apply for food stamps, you can complete this first page, tear it off and give it to us. We are required to take action on your application within 30 days from the date you give us this first page. So, the sooner you give us the first page, the quicker you will know whether you will receive food stamps. Now go to Step 2.

Step 2. Complete Pages 2-5

Pages 2-5 must be completed before we can see if you're eligible for food stamps. You can return pages 2-5 to us along with the first page or at the time of the interview we will schedule for you. Try to fill out as much as possible now. Your case worker will help you with the rest during the interview.

Your name

Telephone number where you can be reached

Mailing Address | City | State | Zip Code

If you don't have a street address, tell us how to get to your home.

Sign here

Today's date

If You Need Food Stamps Right Away

If your household (you and the people who live and eat with you) has little or no income right now, you may be able to receive food stamps within a few days. Answer the following questions only if your household has little or no income and needs food stamps right away.

Has anyone in your household received any income so far this month?

☐ Yes ☐ No If yes, how much? $

Did your household's only income recently stop?

☐ Yes ☐ No

Does anyone in your household expect to receive income later this month?

☐ Yes ☐ No ☐ Don't know If yes, how much? $ When?

How many people live in your home and eat with you? (Include yourself)

Is anyone in your household 60 years or older?

☐ Yes ☐ No

How much do the members of your household have in cash and savings? (Give your best estimate of the total.)

$

HRS–SES FORM 3000, JUL 80 (Obsoletes previous editions and SES 3000A)

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
AND REHABILITATIVE SERVICES

For Office Use Only

Case number _____

Date received _____

Application for Food Stamps—Part 2

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed information, your household (you and the people who live and eat with you) won't be eligible for food stamps.

You may complete this form at home and mail it or bring it to the food stamps office. Or, another member of your household, or an adult who knows you may complete and return it to us.

If you can not find omeone to come to the office for you, call the office. You may qualify for an interview in your home or over the telephone. Important: When you are interviewed, please bring proof of all household income—for example pay stubs and award letters for government benefits (such as SSI or Social Security). We may also need the following items: statements of all household savings and checking accounts; rent or mortgage receipts; and utility bills. Having these items with you could speed up your application.

Your name

Telephone number where you can be reached

Mailing Address | City | State | Zip Code

If you don't have a street address, tell us how to get to your home.

Household Members

Fill in all blanks for each household member, including yourself. People who live and eat with you (except roomers or boarders) should be listed as household members. For each person who is not a citizen, you will need to show the food stamp office an alien registration card, such as INS Forms I-151, I-551, I-94, or a Re-entry Permit.

The submission of the Social Security number (SSN) for all household members is mandatory under the Tax Reform Act of 1976. Your SSN will be used in the administration of the food stamp program to check the identity of household members, prevent duplicate participation and to facilitate making mass changes. Your SSN will also be used in computer matching and program reviews or audits to make sure your household is eligible for food stamps. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the Food Stamp Program

	Name	Relation	Birthdate	Social security number	Is this person a U.S. citizen?
1					☐ Yes ☐ No
2					☐ Yes ☐ No
3					☐ Yes ☐ No
4					☐ Yes ☐ No
5					☐ Yes ☐ No
6					☐ Yes ☐ No
7					☐ Yes ☐ No

Attach a separate sheet if you need more room.

Resources

Does anyone in your household own any cars, trucks, boats, campers, motorcycles or other vehicles?

☐ Yes ☐ No If yes, please describe.

	Make	Model	Year	Make	Model	Year
1						
2				3		

Does your household have any savings?

Cash on hand	Savings account/ Credit Union	Checking Account	Stocks, Bonds, Other
☐ Yes ☐ No If yes, how much? $	$	$	$

Does your household own any real estate *other than your* home? For example, land or buildings, including buildings you rent to others.

☐ Yes ☐ No

If yes, you may need to bring information about the value of the property, any property, any amount owed, and how the property is used.

Did you or a member of your household sell, trade or give away anything of substantial value during the last three months?

☐ Yes ☐ No

Income from Work

Fill in all blanks for each household member with a full or part-time job. If a member has more than one job, list each job separately.

Include members who receive income from CETA or WIN. Do not include self-employed household members.

	Household member	Name of employer	Amount of each pay check *before* deductions such as taxes, retirement, or union dues are taken out	How often paid
1			$	
2			$	
3			$	

Is anyone in your household self-employed?

☐ Yes ☐ No If yes, give their names

Please bring last year's Federal Tax forms for *self-employed* members of your household. Or, if no such tax forms were filed last year, bring proof of self-employment costs and income.

Has anyone in your household quit a job in the last 60 days? ☐ Yes ☐ No

Other Income Amounts

Source of income		Household members who receive this income	Amount of each check or payment	How often received
AFDC (Aid to Families with Dependent Children)	1		$	
	2		$	
Social Security – Blue/green checks	1		$	
	2		$	
SSI (Supplemental Security Income)–Gold checks	1		$	
	2		$	
GA (general assistance)	1		$	
	2		$	
VA (Veterans benefits)	1		$	
Pensions or retirement income	1		$	
	2		$	
Unemployment or Workers' Compensation	1		$	
	2		$	
Child support and alimony	1		$	
	2		$	
Money from friends or relatives (other than loans)	1		$	
Other (specify)	1		$	
	2		$	

Roomers and Boarders

Does anyone pay you for meals, a room, or both? ☐ Yes ☐ No If yes, complete the following:

	Name	How much do they pay you?	How often?
1		$	
2		$	

Medical

Please list medical expenses for any household member who is age 60 or over or who receives Supplemental Security Income (SSI) benefits or Social Security Disability payments.

	Amount	How often is each payment due?
Medical and dental services	$	
Hospital or nursing care	$	
Health insurance and medicare payments	$	
Drugs prescribed by a doctor	$	
Dentures, hearing aids and eye glasses	$	
Transportation costs to get medical care	$	
Services of an attendant or nurse	$	
Cost of securing and maintaining a seeing eye or hearing dog	$	
Other (explain)	$	

Please list the names of household members who have these expenses.

Will part of this expense be paid by Medicare, Medicaid, insurance or friends or relatives? ☐Yes ☐No ☐Don't Know If yes, how much? $_____ When?_____

Dependent Care

Does anyone in your household pay for someone to babysit or care for a child or a disabled adult, so that a member can get work or training or look for a job?

☐ Yes ☐ No

If yes, how much do you pay $ How often?

Who provides this care?
Name Telephone number

Address

Shelter

Please list the amount your household is billed for each of the following items.

	Amount	How often is each payment due
Rent or mortgage payment	$	
Property taxes (if not included in mortgage)	$	
Insurance on home (if not included in mortgage)	$	

Utilities

Check the box next to the utility costs you pay and list the amount you are billed. If you don't list the amount you are billed we'll use a standard amount to compute your benefits. But, if your utility bills are higher than our standard amount, listing them below may help you receive more food stamps.

		Amount	How often do you get a bill?
Telephone (basic rate)	☐	$	
Electricity	☐	$	
Gas for heating and cooking	☐	$	
Oil	☐	$	
Water and sewerage	☐	$	
Garbage and trash	☐	$	
Installation of utilities	☐	$	
Other (coal, wood)	☐	$	

Does anyone outside your household pay or help you pay any of the medical or shelter costs you've listed above?

☐ Yes ☐ No

If yes, which bills do they pay? How much do they pay?

Students

Are there any students in your household who receive educational grants, scholarships or loans?
☐ Yes ☐ No If yes, complete the following:

Name of student	Name of school	Total amount of grants, scholarships or loans	Month covered by this amount
		$	From To
		$	From To

How much of the grants, scholarships or loans are used to pay tuition or fees charged by the school? (Do not include expenses that are not charged by the school, such as textbooks or transportation to school.) $

Are there any students in your household who are 18 or over and attend college or career training programs?
☐ Yes ☐ No

Authorized Representative

You can authorize someone outside your household to be interviewed in your place, to get your food stamps for you or to use them to buy food for you. If you would like to authorize someone, write the person's name below.

Name	Address	Telephone number

Florida Fraud Law Information

Any person who knowingly fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to such person's qualification to receive aid or benefits under any state- or federally-funded assistance program, or who knowingly fails to disclose a change in circumstances in order to obtain or continue to receive under any such program aid or benefits to which he is not entitled or in an amount larger than that to which he is entitled, or who knowingly aids and abets another person in the commission of any such act is guilty of a crime, and shall be punished as provided in chapter 409.325, subsection (5). Additional information on the Florida Fraud Statutes for Public Assistance Programs is available in the Food Stamp Office.

Penalty Warning

If your household receives food stamps, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from the food stamp program for 3 months to 2 years; fined up to $10,000, imprisoned up to 5 years, or both; and subject to prosecution under other applicable federal laws.

DO NOT give false information, or hide information, to get or continue to get food stamps.

DO NOT trade or sell food stamps or authorization cards.

DO NOT alter authorization cards to get food stamps you're not entitled to receive.

DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco.

DO NOT use someone else's food stamps or authorization cards for your household.

Your Signature

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents to prove what I've said. I agree to do this.

If documents are not available, I agree to give the name of a person or organization the Food Stamp Office may contact to obtain the necessary proof. I authorize the Department of Health and Rehabilitative Services and the Division of Public Assistance Fraud to verify any of the information provided in this application and to make inquiry of past or present employers and records, financial or otherwise.

Your signature _____ Today's date _____

Authorized Representative _____ Witness if signed with an X _____

You or your representative, may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief.